

UNIVERSITY of MONTEVALLO

Authorization Agreement for Direct Deposit

Payee: _____ Address: _____

City, State, Zip: _____ Contact Phone Number: _____

Name and Title of Contact Person: _____ Email Address: _____

Fed Employer ID Number OR Social Security Number: _____

I hereby authorize University of Montevallo, hereinafter called "UM," to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) indicated below and the depository (ies) named below, hereinafter called "Bank", to credit and/or debit the same to such account(s).

I understand that it is my responsibility to verify deposits have been credited to my account before dispersing or withdrawing funds.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non-acceptance of the electronic funds transfer by my financial institution, I understand The University of Montevallo assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

I acknowledge that direct deposits to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC).

Will this deposit be transferred to an account outside the United States? Yes No

Should I choose "Yes," I understand that any electronic payments remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.

I certify that the information provided on this form is correct and that I am authorized to execute this document on behalf of the vendor.

Signature: _____ Date: _____

NOTE: Attach voided check or letter from bank (on letterhead)
Form cannot be processed without this information

I authorize The University of Montevallo to deposit to the account number indicated below.

Bank Name: _____

Routing Number: _____ Account Number: _____

Return form to:
University of Montevallo
Accounts Payable, Station 6061
Montevallo, AL 35115